

\* Must be identified on the Service Plan

Service Plan Date: 8/14/2015

## Progress Notes – School Based Targeted Case Management

Unit is 15 minutes with a maximum of five (5) units per instructional day.

<b>Medicaid Number</b>		<b>Last Name</b>		<b>First Name</b>	
00000000000		Doe		Jane	
<b>WVEIS Number</b>		<b>Date of Birth</b>		<b>Diagnosis Code</b>	<b>School</b>
590000001		1-01-1900		F802	208
<b>County</b>	<b>Targeted Case Manager (Print)</b>	<b>Month/Year Service Provided</b>		<b>Procedure Code</b>	
059		September, 2015		T1017 SE	
Types of Contact: 1. Face to Face 2. Correspondence 3. Telephone Contact					

<b>Date of Service</b>	9/14/2015	<b>Progress Note:</b> <b>Activity:</b> C. Consulted/met with Parent/Guardian  <b>Purpose:</b> Assess if target communication skills are being generalized in the home environment.  <b>Individualized Service Note:</b> Talked with Jane's mother in regard to her correct use of language in the home.
<b>Type of Contact</b>	3.	
<b>TCM Activity</b>	C - Referral/Related Services	
<b>Time In:</b>	3:00	
<b>Time Out:</b>	3:30	
<b>Total Minutes</b>	30	
<b>Signature &amp; Credentials:</b>		<b>Date:</b> 9/14/2015

<b>Date of Service</b>	9/17/2015	<b>Progress Note:</b> <b>Activity:</b> C. Consulted/met with Teacher (General or Special Ed) teachers  <b>Purpose:</b> Assess if target communication skills are being generalized in the school environment  <b>Individualized Service Note:</b> Discussed with Jane's English teacher how she is generalizing speech skills in the classroom
<b>Type of Contact</b>	1.	
<b>TCM Activity</b>	C - Referral/Related Services	
<b>Time In:</b>	1:00	
<b>Time Out:</b>	1:15	
<b>Total Minutes</b>	15	
<b>Signature &amp; Credentials:</b>		<b>Date:</b> 9/17/2015

<b>Date of Service</b>	9/21/2015	<b>Progress Note:</b> <b>Activity:</b> B. Develop a "draft" Service Plan that incorporated strengths and weaknesses along with modifications/accommodations
<b>Type of Contact</b>	2.	

<b>TCM Activity</b>	<b>B - Development/Revision of Service Plan</b>	<b>Purpose:</b> Assure student receives appropriate action as medically necessary  <b>Individualized Service Note:</b> Wrote a draft Service Care Plan for Jane.
<b>Time In:</b>	<b>3:00</b>	
<b>Time Out:</b>	<b>3:30</b>	
<b>Total Minutes</b>	<b>30</b>	
<b>Signature &amp; Credentials:</b>		<b>Date:</b> 9/21/2015

<b>Date of Service</b>	<b>9/29/2015</b>	<b>Progress Note:</b> <b>Activity:</b> B. Conducted revision of plan  <b>Purpose:</b> Assure student receives appropriate action as medically necessary  <b>Individualized Service Note:</b> Held a meeting to revise Jane's Service Care Plan
<b>Type of Contact</b>	<b>1.</b>	
<b>TCM Activity</b>	<b>B - Development/Revision of Service Plan</b>	
<b>Time In:</b>	<b>8:30</b>	
<b>Time Out:</b>	<b>9:00</b>	
<b>Total Minutes</b>	<b>30</b>	
<b>Signature &amp; Credentials:</b>		<b>Date:</b> 9/29/2015

<b>Date of Service</b>	Click here to enter a date.	<b>Progress Note:</b> <b>Activity:</b> Choose an item.  <b>Purpose:</b> Choose an item.  <b>Individualized Service Note:</b>
<b>Type of Contact</b>	Choose an item.	
<b>TCM Activity</b>	Choose an item.	
<b>Time In:</b>		
<b>Time Out:</b>		
<b>Total Minutes</b>		
<b>Signature &amp; Credentials:</b>		<b>Date:</b> Click here to enter a date.